

Name  
in  
Full

George W Bedsworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

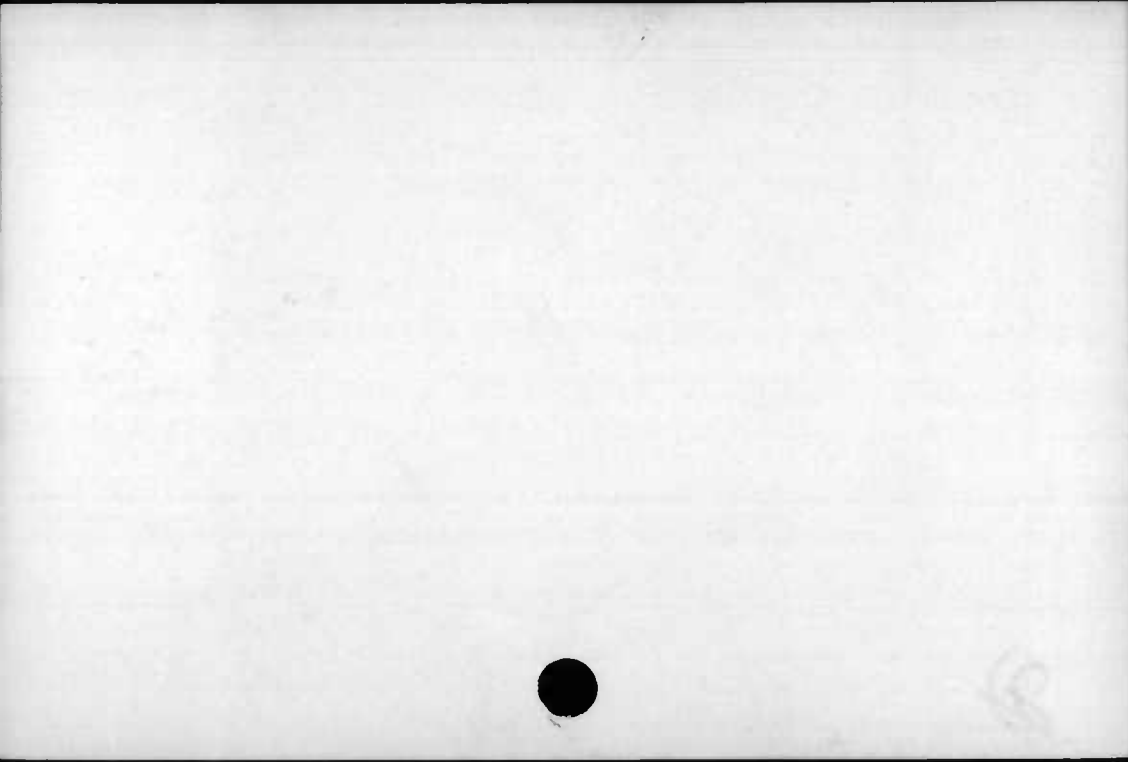
Died at <i>Crisfield</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Apr	Day	12
Age	71	Years		Months	
Sex	Male	Color or Race	White	Birthplace	Crisfield Md
Occupation	Carpenter		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Jane Bedsworth		
Father's Name	Henry Bedsworth		Father's Birthplace	Bedsworth	
Mother's Maiden Name	Millie Sterling		Mother's Birthplace	Crisfield Md	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Valvula Heart</i>	How long	<i>6 months</i>
Immediate	<i>Dropsy &amp; Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. F. Hall</i>	
		Address	
		<i>Crisfield Md</i>	
Accident or Suicide?			



Name  
in  
Full

Thomas Brown

CERTIFICATE OF DEATH

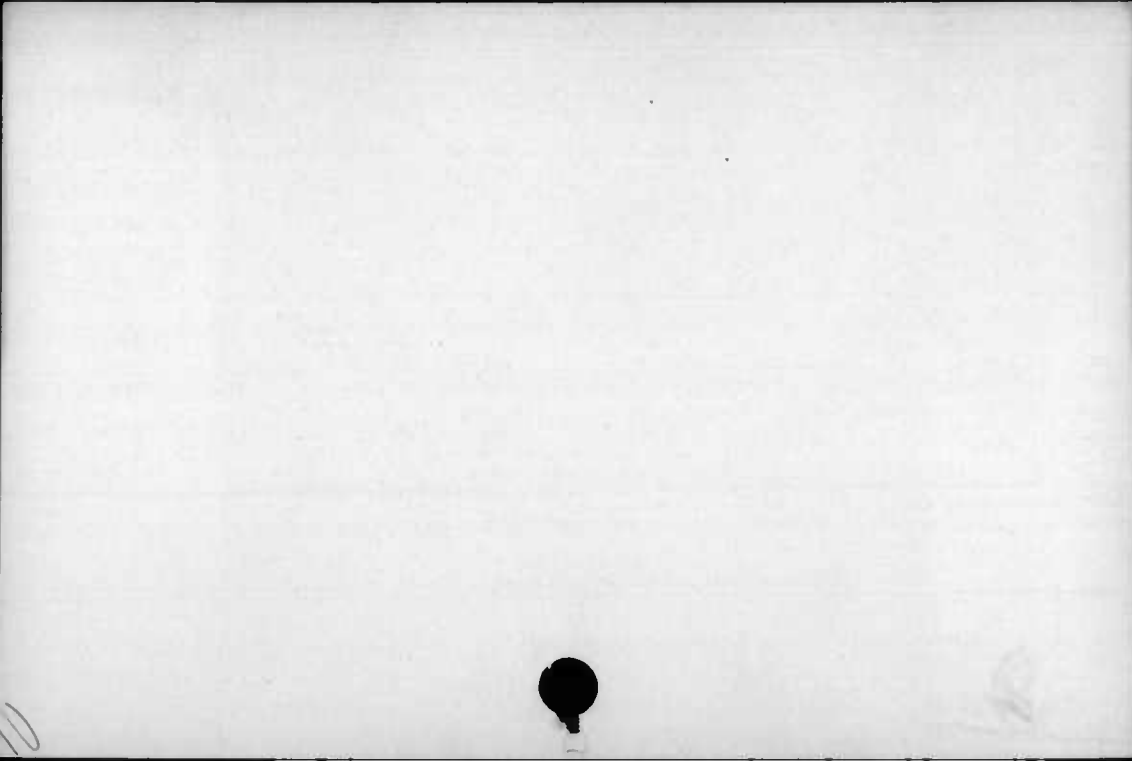
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Purfield	County Sumner		MARYLAND	
Date of death	1907	Month Apr	Day 22	Age 56	Years Months Days	
Sex	Male		Color or Race	Black		Birth- place
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Caroline Brown		
Father's Name	Don't know				Father's Birthplace	Don't know
Mother's Maiden Name	Don't know				Mother's Birthplace	Don't know
Name of person giving Information	McKinsey Brown				How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	93 11 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. E. Collins
	No	Address	Purfield, W. Va.
Accident or Suicide?	No		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Jeanette B. Dryden

Town

County

Died near Princess Anne

Somerset

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907 Apr

2

Age

27

Sex

Female

Color or  
Race

White

Birth-  
place

md.

Occupation

Housewife

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Bernard C. Dryden

Father's  
Name

Wm. J. Marner

Father's  
Birthplace

md.

Mother's  
Maiden Name

Orsilla Henderson

Mother's  
Birthplace

md.

Name of person giving  
Information

J. T. Marner

How related  
to deceased

Halfbrother

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

Bright's Disease &amp; Cardiac Hypertrophy

How long

About 7 mos

Immediate

Sudden heart failure

How long

Two minutes

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

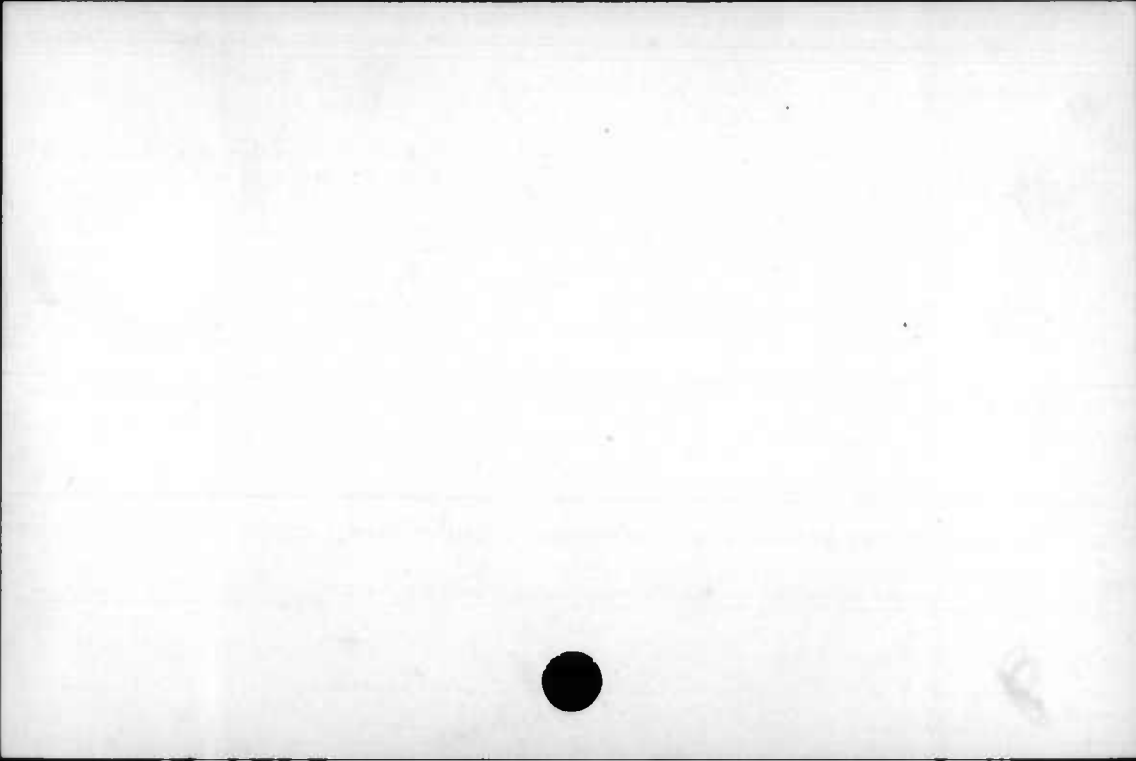
Chas. T. Fisher, M.D.

Address

Princess Anne

md.

Accident or Suicide?



Name  
in  
Full

Maude Lee Evans

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

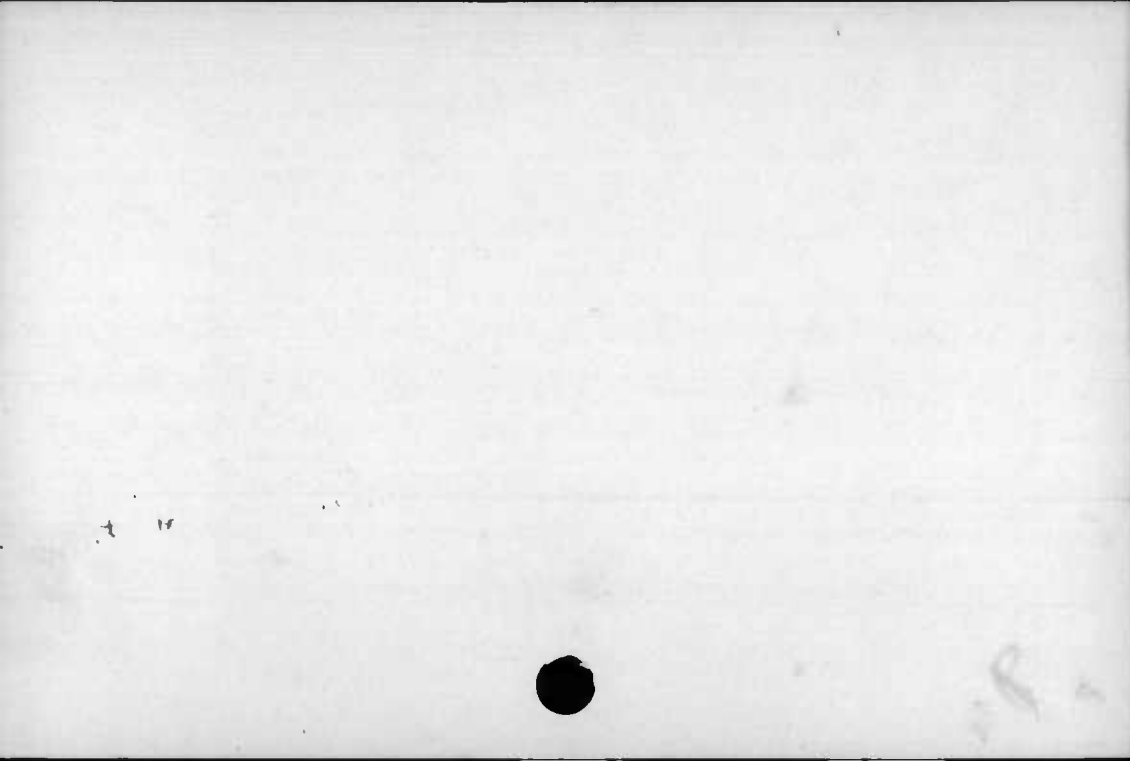
Died at		Town Cowell		County Somerset		MARYLAND	
Date of death		Month April	Day 7	Age Years	Months 4	Days 10	
Sex Female		Color or Race White		Birth-place Cowell, Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John Lee Evans		Father's Birthplace Smiths Id.					
Mother's Maiden Name Ellen Dyer		Mother's Birthplace Tangier Id.					
Name of person giving information John Lee Evans		How related to deceased Father					

## CAUSES OF DEATH

18

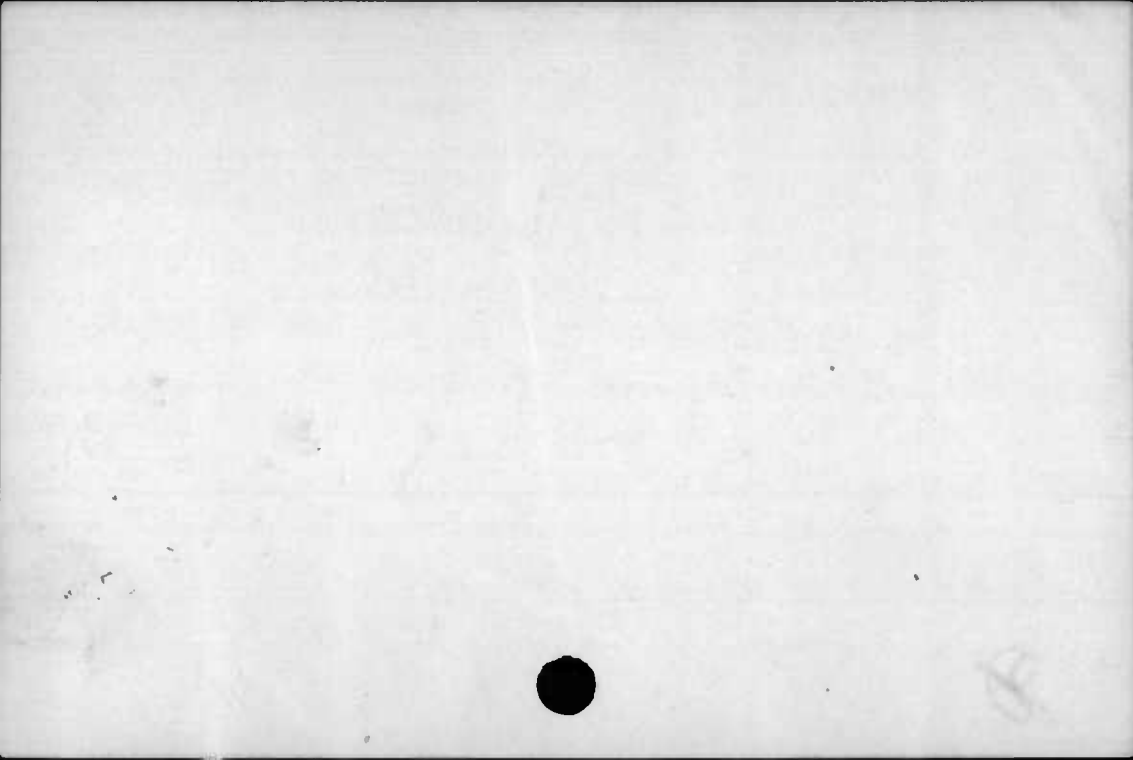
PHYSICIAN  
OR CORONER

Primary	Whooping	How long	6 weeks
Immediate	Broncho-pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. H. Powers	
yes		Address Cowell, Md.	
Accident or Suicide?			





Name in Full		Olden Melvin Evans				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cowell		Somerset		MARYLAND	
	Date of death	1907	April	8	Age	1	
	Sex	male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Edward A. Evans		Father's Birthplace		Smith's Island	
	Mother's Maiden Name	Annie Elizabeth Bradshaw		Mother's Birthplace		Smith's Island	
Name of person giving information	Perrilla Stashia Bradshaw		How related to deceased		Grandmother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pertussis			How long	14 weeks	
	Immediate	Broncho. pneumonia			How long	7 weeks	
	Are the name, age, sex, color, date and place correctly given above?			yes			
	Signature of Physician			P. H. Fawcett			
	Address			Cowell, Md.			
Accident or Suicide?							



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

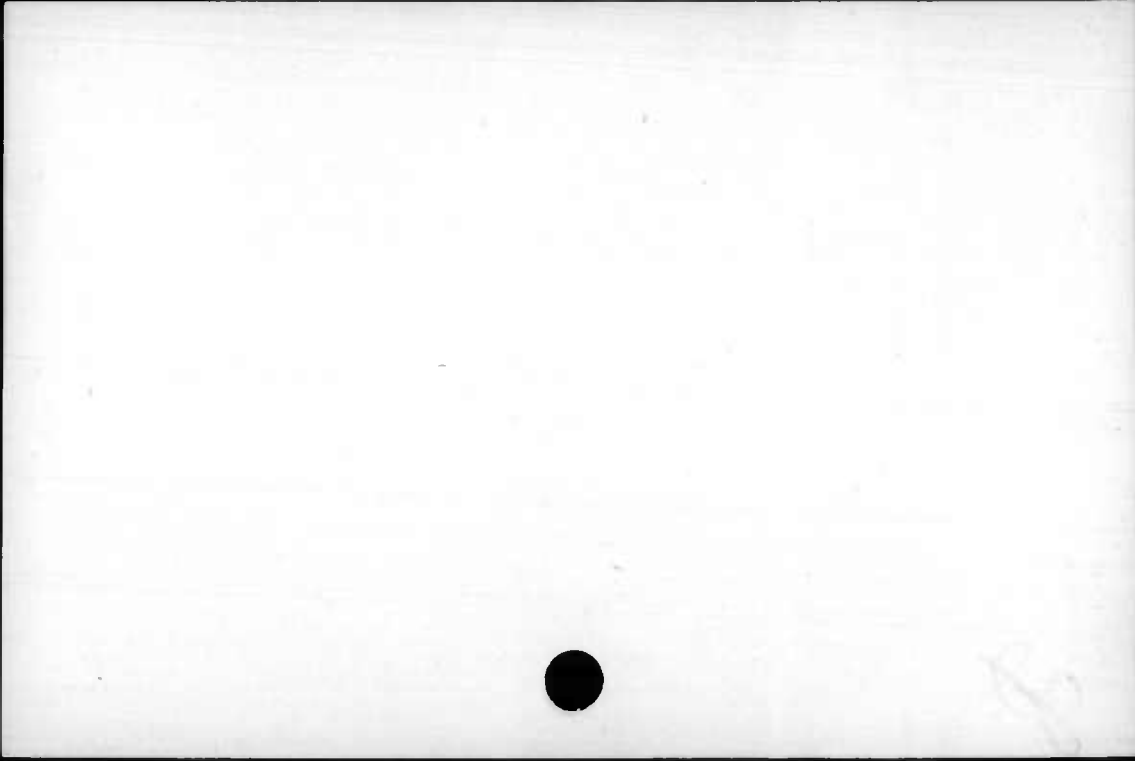
Died at <i>Edwin P.O.</i>		County <i>Somerset</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>23</i>	Age <i>74</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>✓</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Rebecca Willis</i>				
Father's Name <i>James Tarrow</i>	Father's Birthplace <i>Delmon</i>				
Mother's Maiden Name <i>Anne Morn</i>	Mother's Birthplace <i>Delmon</i>				
Name of person giving information <i>J.S. Tarrow</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

**179**

PHYSICIAN  
OR CORONER

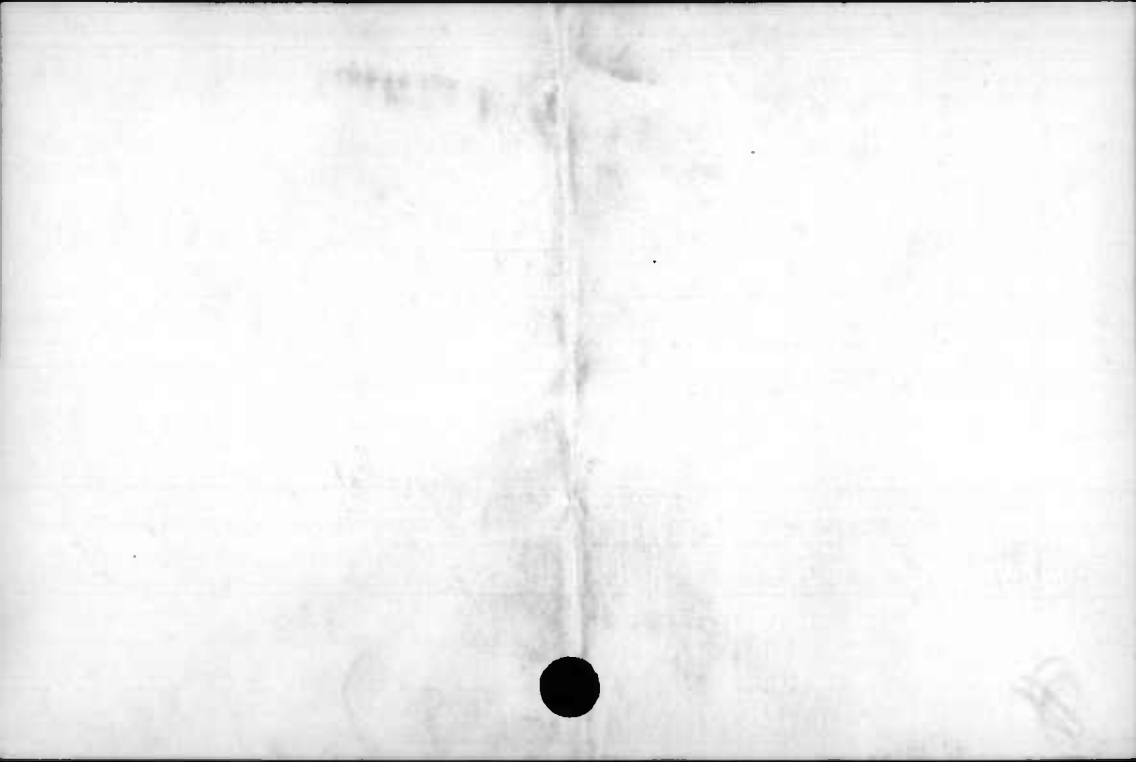
Primary <i>Dorsal spine</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. A. Smith M.D. (Not in attendance)</i>
<i>X</i>	Address <i>Princeton Avenue Md</i>
Accident or Suicide?	



Name in Full <b>Stephen Horsey</b>		CERTIFICATE OF DEATH			
Died at <b>Cottage Grove</b> <small>Town</small>		<b>Lomercet</b> <small>County</small>		MARYLAND	
Date of death <b>1907</b> <small>Year</small>		<b>April</b> <small>Month</small>	<b>8</b> <small>Day</small>	<b>2</b> <small>Years</small>	<b>2</b> <small>Months</small>
Sex <b>male</b>		Color or Race <b>Black</b>		Birth place <b>near Cottage Grove Md</b>	
Occupation <b>Infant</b>		Where Residing if not at place of death <b>at place of death</b>			
Single or Married <b>2</b>		Name of Wife or Husband			
Father's Name <b>George Horsey</b>		Father's Birthplace <b>Lomercet Co Md</b>			
Mother's Maiden Name <b>Rose Thomas</b>		Mother's Birthplace <b>Princeps Anne Md</b>			
Name of person giving Information <b>Thomas Benson</b>		How related to deceased <b>not related</b>			
CAUSES OF DEATH <b>(8)</b>					
Primary <b>Whooping Cough &amp; Fever</b>		How long <b>2 months</b>			
Immediate <b>Convulsions</b>		How long <b>about 12 hours</b>			
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>F J Costen</b>			
		Address <b>Peconoke Md</b>			
Accident or Suicide? <b>no</b>					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs Mallie Kelley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Deal's Island <sup>Town</sup> Somerset <sup>County</sup>

Date of death 1907 April 2 Age 52 7 Months 18 Days

Sex Female Color or Race White Somers Co. Md

Occupation House wife Where Residing if not at place of death Deal's Island Md

Married, Single or Widowed Married Name of Wife or Husband John W. Kelley

Father's Name Thomas Bogman Father's Birthplace Maryland.

Mother's Maiden Name Adeline Webster Mother's Birthplace Maryland.

Name of person giving information Mr Slick Bogman How related to deceased Brother

## CAUSES OF DEATH

27

Primary Tuberculosis

How long 7 Years

Immediate Asthma

How long 2 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician S. J. Hindsor M.D.

Address James Quarter

Md

Accident or Suicide?

$$\begin{array}{r} \boxed{12} \\ 12 \end{array}$$

50

$$\begin{array}{r} \boxed{20} \\ 20 \end{array}$$

200

$$\begin{array}{r} \boxed{18} \\ 18 \end{array}$$

150



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Crisfield</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Apr</i> <small>Month</small>	<i>1</i> <small>Day</small>	<i>10</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>10</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Pocomoke City</i>		
Occupation <i>none</i>			Where Residing or not at place of death <i>Crisfield Md</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Fred. Gant</i>	Father's Birthplace <i>Pocomoke City</i>				
Mother's Maiden Name <i>Vene Howard</i>	Mother's Birthplace <i>Pocomoke Md</i>				
Name of person giving information <i>Sarah Maddox</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>5 days</i>
Immediate <i>Infection</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yr</i>	Signature of Physician <i>W F Hall</i>
	Address <i>Crisfield Md</i>
Accident or Suicide? <i>no</i>	



4

Name  
in  
Full

Edward Pallitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

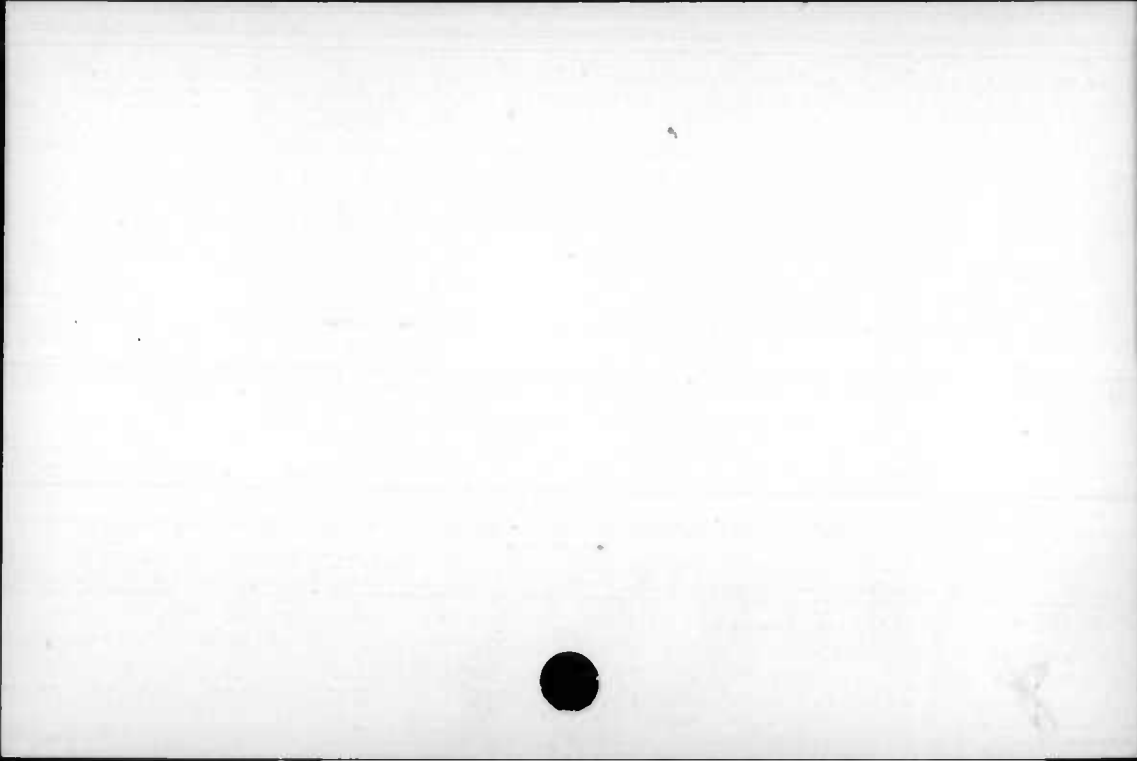
Died at <i>Princess Anne</i> Town			<i>Accommet</i> County			MARYLAND		
Date of death <i>1907</i>		Month <i>April</i>	Day <i>23</i>	Age <i>About 48</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>				
Occupation <i>Laborer</i>				Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Pallitt</i>						
Father's Name <i>Unknown</i>				Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Chas Pallitt</i>				How related to deceased <i>Son</i>				

CAUSES OF DEATH.

79

PHYSICIAN  
OR CORONER

Primary	<i>Valvular disease of heart</i>	How long	<i>Several years</i>
Immediate	<i>Cardiac Asthenia</i>	How long	<i>About 3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas T. Fisher MD</i>	
<i>J</i>		Address <i>Princess Anne Md</i>	
		Accident or Suicide?	



Name  
in  
Full

Mahala L. Seane

CERTIFICATE OF DEATH

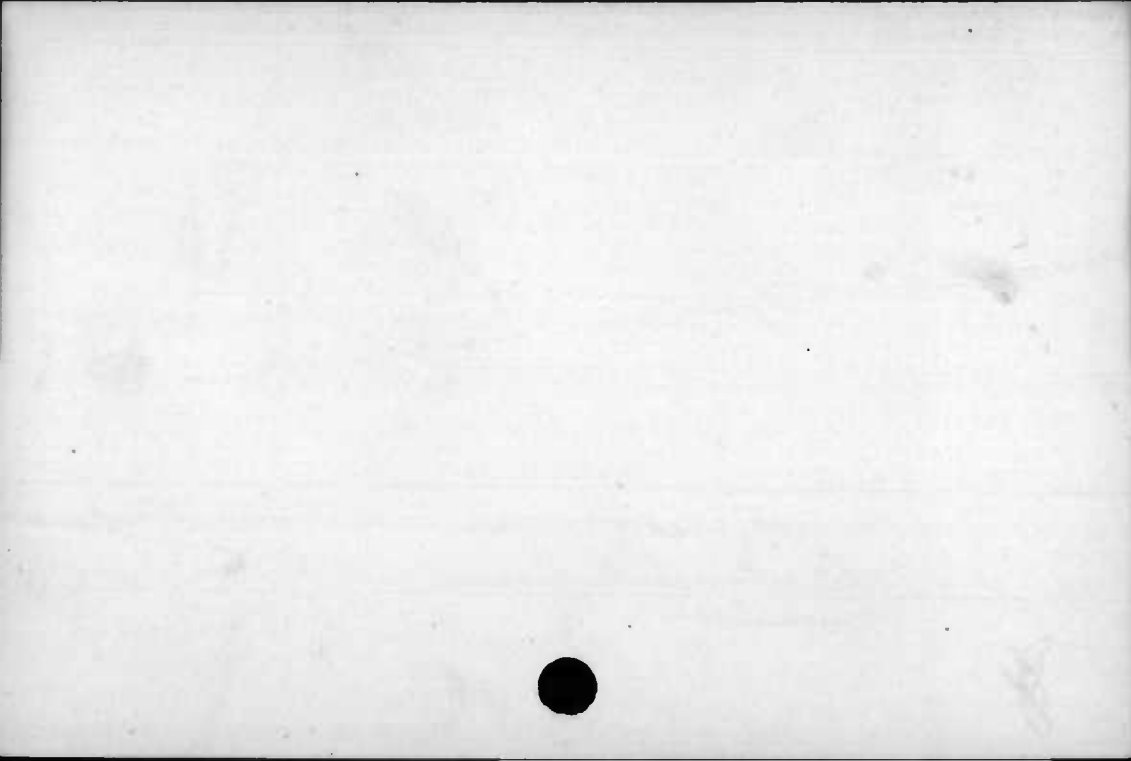
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Crusfield</i>		County <i>Somerset</i>		MARYLAND	
Date of death		190	7	Month <i>Apr</i>	Day <i>3</i>	Age <i>30</i>	Years <i>4</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Crusfield Wm</i>		Months <i>4</i>	
Occupation <i>housewife</i>		Where Residing if not at place of death		Days <i>26</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Orvin Seane</i>		Father's Birthplace <i>Crusfield Wm</i>					
Mother's Maiden Name <i>Sarah A Lawson</i>		Mother's Birthplace <i>Crusfield Wm</i>					
Name of person giving in formation <i>Taken from Register</i>		How related to deceased <i>—</i>					

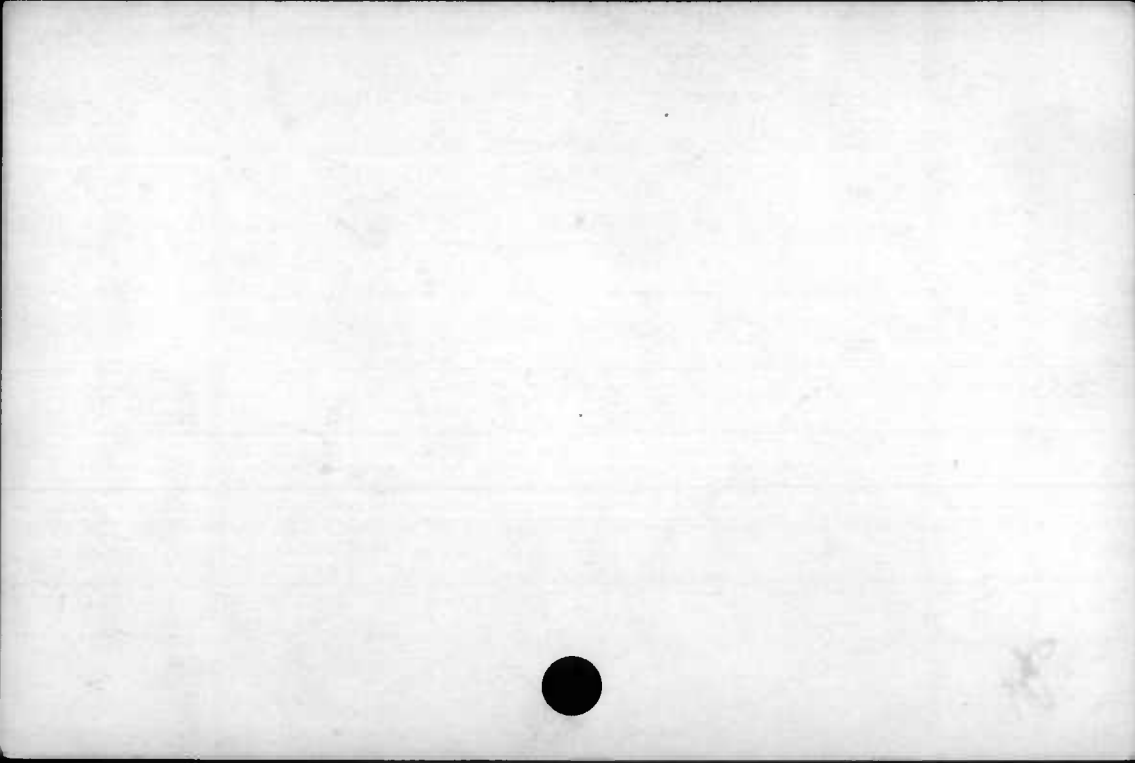
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Consumption</i>	How long <i>3 months</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>W. F. Hall</i>
		Address <i>Crusfield Wm</i>
Accident or Suicide?	<i>no</i>	



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Marion Sta</i>				<i>Somerset</i>		MARYLAND			
		Date of death <i>1907</i>		Month <i>Apr</i>		Day <i>30</i>		Years		Months	
		Sex <i>Male</i>		Color or Race <i>White</i>		Age		Birth-place			
		Occupation <i>Farming</i>				Where Residing if not at place of death					
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband							
		Father's Name				Father's Birthplace					
		Mother's Maiden Name				Mother's Birthplace					
		Name of person giving information				How related to deceased					
PHYSICIAN OR CORONER		CAUSES OF DEATH						(74)			
		Primary <i>Neuralgia Fever</i>						How long <i>2 Weeks</i>			
		Immediate <i>Neuralgia of Brain</i>						How long <i>only short time</i>			
		Are the name, age, sex, color, date and place correctly given above?						Signature of Physician <i>Ira A. B. Allen M.D.</i>			
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto;"></div>						Address <i>Marion Sta</i>					
						<i>Maryland</i>					
		Accident or Suicide?									





Name

in  
Full

## CERTIFICATE OF DEATH

Myrtle Walter

TO BE ANSWERED BY  
NEAREST FRIEND

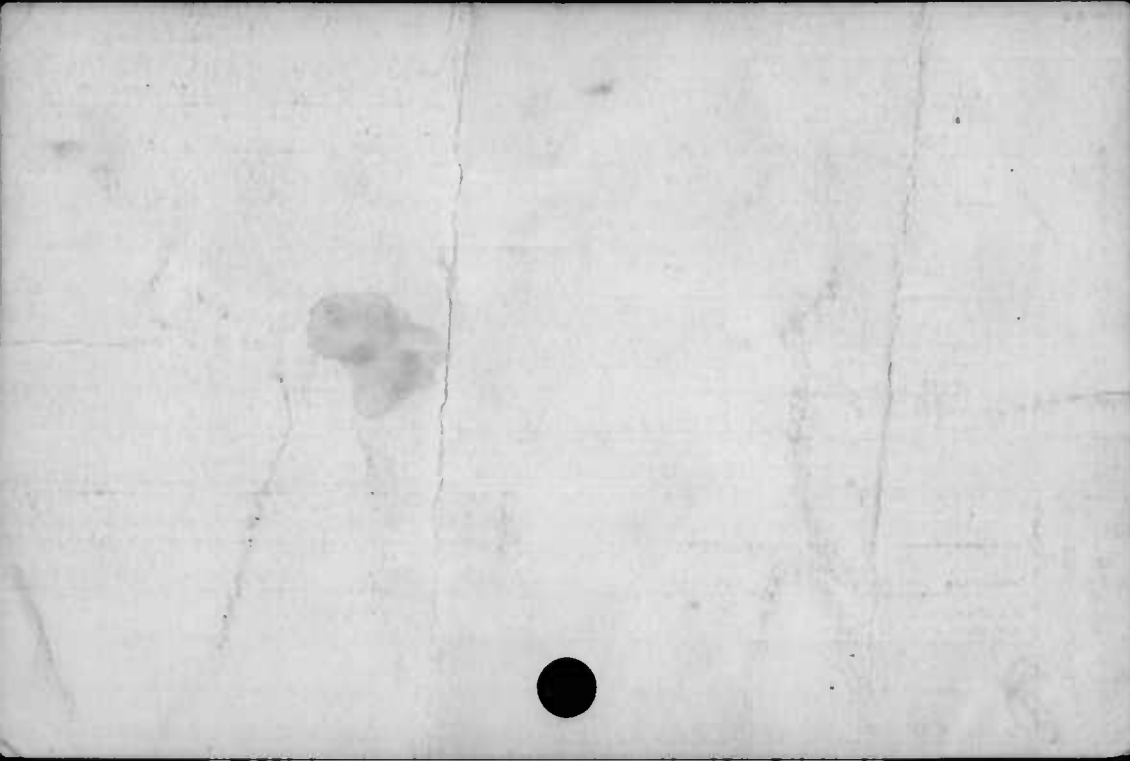
Died at		Town		County		STATE OF MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Apr	5	Age	10		
Sex	Female		Color or Race	white		Birthplace	Deer Island
Occupation	none		Where Residing if not at place of death		Place of death		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	James H. Walter				Father's Birthplace	Deer Island	
Mother's Maiden Name	Kitty Melson				Mother's Birthplace	Deer Island	
Name of person giving information	Winfield Walter				How related to deceased	Uncle (marriage)	

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary	Appendicitis	How long	10 days.
Immediate	Septic General Peritonitis	How long	48 hours.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Alexander	
Address		Somerset Co.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

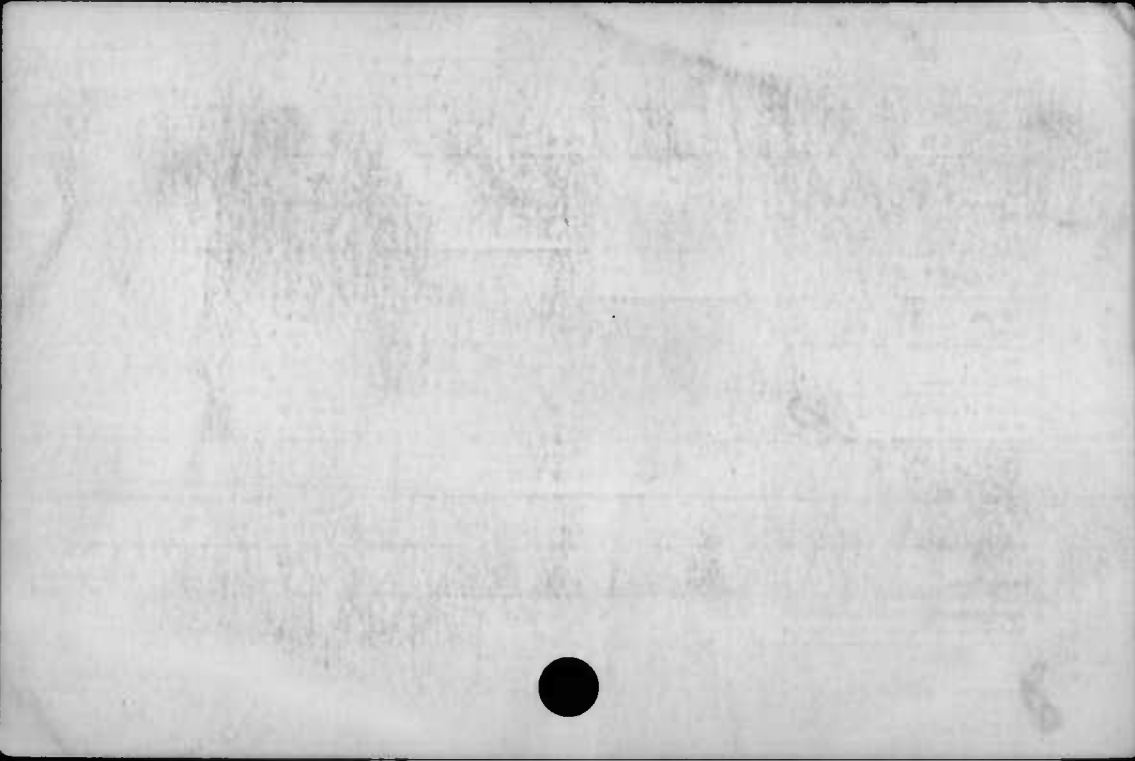
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woods Island</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907 April 11</i>		Age <i>8</i>		Months <i>8</i> Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>md</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Pell Webster</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Shelvia Carter</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Pell Webster</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pertussis</i>	How long <i>6 weeks</i>
Immediate <i>Croup - Asthenia</i>	How long <i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. G. Alexander</i>
<i>Yes</i>	Address <i>Somerset Co</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Deal Island</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
	Date of death <i>1907 April</i> <small>Month</small>		<i>24</i> <small>Day</small>	<i>1</i> <small>Years</small>	<i>0</i> <small>Months</small>	
	Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Deal Island</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>Deal Island</i>			
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
	Father's Name <i>Spurgeon Webster</i>		Father's Birthplace <i>Deal Island</i>			
	Mother's Maiden Name <i>Larson Fawcett</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Spurgeon Webster</i>		How related to deceased <i>Father</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Constriction of cord.</i>		<i>63</i> <small>How long</small>		<i>probably 30 min.</i>	
	Immediate <i>Asphyxia</i>		<i>How long</i>		<i>unknown.</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. G. Alexander</i>			
	Address <i>—</i>		<i>Somerset Co.</i>			
Accident or Suicide? <i>—</i>						

